

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

TEA PARTY MAJORITY FUND

ADDRESS (number and street) 2776 S ARLINGTON MILL DR #806

Check if different than previously reported. (ACC)

ARLINGTON VA 22206

2. **FEC IDENTIFICATION NUMBER ▼** C00566174 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 01 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer SCOTT B MACKENZIE *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

TEA PARTY MAJORITY FUND

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="63478.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="63478.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="376533.23"/>	<input type="text" value="376533.23"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="440011.64"/>	<input type="text" value="440011.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="407430.52"/>	<input type="text" value="407430.52"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32581.12"/>	<input type="text" value="32581.12"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

TEA PARTY MAJORITY FUND

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14875.00	14875.00
(ii) Unitemized	360741.23	360741.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	375616.23	375616.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	375616.23	375616.23
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	917.00	917.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	376533.23	376533.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	376533.23	376533.23

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	54157.36	54157.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	54157.36	54157.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	353273.16	353273.16
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	407430.52	407430.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	407430.52	407430.52

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	375616.23	375616.23
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	375616.23	375616.23
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	54157.36	54157.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	54157.36	54157.36

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS MARY ALPHS 201
 Full Name (Last, First, Middle Initial)
 Mailing Address 5913 AMBER RIDGE RD
 City HAYMARKET State VA Zip Code 20169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 29 / 2016
Transaction ID : SA11AI.19566
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. MRS DANA ANDREWS 993
 Full Name (Last, First, Middle Initial)
 Mailing Address 1135 ALDERDALE RD
 City PROSSER State WA Zip Code 99350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ANDREWS AND ROWELL Occupation SELF EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2016
Transaction ID : SA11AI.4393
 Amount of Each Receipt this Period
 350.00
 Memo Item

C. MS YVONNE R BERRY 112
 Full Name (Last, First, Middle Initial)
 Mailing Address 1019 VAN SICLEN AVE APT 5J
 City BROOKLYN State NY Zip Code 11207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2016
Transaction ID : SA11AI.19804
 Amount of Each Receipt this Period
 125.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	725.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS LYNN CARAS 995
 Full Name (Last, First, Middle Initial)
 Mailing Address 16639 ELEONORA ST
 City EAGLE RIVER State AK Zip Code 99577
 FEC ID number of contributing federal political committee. **C**
 Name of Employer PRIDE EQUESTRIAN CENTER Occupation THERAPEUTIC TRAINER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt **03 / 07 / 2016**
Transaction ID : SA11AI.15500
 Amount of Each Receipt this Period **100.00**
 Memo Item

B. MS LORIE CARMACK 730
 Full Name (Last, First, Middle Initial)
 Mailing Address 18300 N WESTERN AVE
 City EDMOND State OK Zip Code 73012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LEGACY BANK Occupation BANKER
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **02 / 22 / 2016**
Transaction ID : SA11AI.5625
 Amount of Each Receipt this Period **250.00**
 Memo Item

C. MR ANTHONY CILLUFFO 193
 Full Name (Last, First, Middle Initial)
 Mailing Address 518 MEADOWLARK TER
 City GLEN MILLS State PA Zip Code 19342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **01 / 27 / 2016**
Transaction ID : SA11AI.5819
 Amount of Each Receipt this Period **250.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR JENS W CLARK 229
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 PANTOPS MOUNTAIN PL
 APT 203
 City CHARLOTTEVALE State VA Zip Code 22911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11AI.15613
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. MRS IDELLE COLLINS 975
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 849
 City SHADY COVE State OR Zip Code 97539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 26 / 2016
Transaction ID : SA11AI.5952
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. MS LETA COOPER 933
 Full Name (Last, First, Middle Initial)
 Mailing Address 13027 APPALOOSA AVE
 City BAKERSFIELD State CA Zip Code 93314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2016
Transaction ID : SA11AI.15721
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 139
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR JEROME D COYNE 463
 Full Name (Last, First, Middle Initial)
 Mailing Address 7825 W 400 N
 City MICHIGAN CITY State IN Zip Code 46360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2016
Transaction ID : SA11AI.6128
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. MR MIKE EASTWOOD 591
 Full Name (Last, First, Middle Initial)
 Mailing Address 3840 RIMROCK RD
 City BILLINGS State MT Zip Code 59102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2016
Transaction ID : SA11AI.16044
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. MR DAVID H EGAN 956
 Full Name (Last, First, Middle Initial)
 Mailing Address 2523 MCGREGOR DR
 City RANCHO CORDOVA State CA Zip Code 95670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer US POSTAL SERVICE Occupation POSTAL CLERK
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2016
Transaction ID : SA11AI.6846
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR ROBERT GERSHIN 117

Full Name (Last, First, Middle Initial)
Mailing Address 6 CRAIG ST

City JERICHO State NY Zip Code 11753

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2016

Transaction ID : SA11AI.7557

Amount of Each Receipt this Period
300.00

Memo Item

B. MR DAVID GROSSE 797

Full Name (Last, First, Middle Initial)
Mailing Address 3009 GARDEN CITY HWY

City MIDLAND State TX Zip Code 79701

FEC ID number of contributing federal political committee. **C**

Name of Employer FIRST SERVICE AIR CONDITIONING Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11AI.16550

Amount of Each Receipt this Period
250.00

Memo Item

C. MR EDMUND H HARDY 292

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 5595

City COLUMBIA State SC Zip Code 29250

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation INSURANCE AGENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2016

Transaction ID : SA11AI.8073

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR GIL HOLM 130
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 EAGER RD
 City LA FAYETTE State NY Zip Code 13084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 28 / 2016
Transaction ID : SA11AI.16806
 Amount of Each Receipt this Period 250.00
 Memo Item

B. MR MIKE JACKA 465
 Full Name (Last, First, Middle Initial)
 Mailing Address 14561 COUNTY ROAD 12
 City MIDDLEBURY State IN Zip Code 46540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer LANDMARC ENVIRONMENTAL SYSTEMS LLC Occupation PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2016
Transaction ID : SA11AI.8754
 Amount of Each Receipt this Period 250.00
 Memo Item

C. MR ERIC JOHNSON 460
 Full Name (Last, First, Middle Initial)
 Mailing Address 837 S PARK TRAIL DR
 City CARMEL State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2016
Transaction ID : SA11AI.8895
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR DANIEL JONES 953
 Full Name (Last, First, Middle Initial)
 Mailing Address 133 VINTAGE CT
 City TURLOCK State CA Zip Code 95382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 03 / 21 / 2016
Transaction ID : SA11AI.17001
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. MR DALE E KEPLINGER 450
 Full Name (Last, First, Middle Initial)
 Mailing Address 3005 PRINCETON AVE
 City MIDDLETOWN State OH Zip Code 45042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 02 / 01 / 2016
Transaction ID : SA11AI.9196
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. MR LLOYD KIPP 951
 Full Name (Last, First, Middle Initial)
 Mailing Address 1625 THE ALAMEDA STE 707
 City SAN JOSE State CA Zip Code 95126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 VALLEY MANAGEMENT GROUP COMMERCIAL REAL ESTATE
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 28 / 2016
Transaction ID : SA11AI.17109
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR BERNARD KOETHER 333
 Full Name (Last, First, Middle Initial)
 Mailing Address 757 SW 17TH ST
 SUITE 1074
 City State Zip Code
 FORT LAUDERDALE FL 33316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 TECHNOLOGY LICENSING CO PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : SA11AI.17154
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. MR JOE C LANE 740
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 66
 City State Zip Code
 CHELSEA OK 74016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 09 / 2016
Transaction ID : SA11AI.9582
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. MS ANNE LAWRENCE 671
 Full Name (Last, First, Middle Initial)
 Mailing Address 2585 162ND RD
 City State Zip Code
 OXFORD KS 67119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED FAMILY FARMER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2016
Transaction ID : SA11AI.9664
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR CHARLES M LYNCH 453
 Full Name (Last, First, Middle Initial)
 Mailing Address 2051 STATE ROUTE 571
 City GREENVILLE State OH Zip Code 45331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 19 / 2016
Transaction ID : SA11AI.10022
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. MR DONALD MCELREATH 736
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 S EASTERN AVE
 City HOBART State OK Zip Code 73651
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2016
Transaction ID : SA11AI.10485
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. MS LORI MOODY 670
 Full Name (Last, First, Middle Initial)
 Mailing Address 1726 ASPEN CREEK DR
 City ANDOVER State KS Zip Code 67002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation COMMERCIAL REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016
Transaction ID : SA11AI.10941
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR JOHN MURRAY 294
 Full Name (Last, First, Middle Initial)
 Mailing Address 233 FOREST TRL
 City ISLE OF PALMS State SC Zip Code 29451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2016
Transaction ID : SA11AI.11148
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. MS LINDA L NEFOS 196
 Full Name (Last, First, Middle Initial)
 Mailing Address 1427 LACROSSE AVE
 City READING State PA Zip Code 19607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2016
Transaction ID : SA11AI.11238
 Amount of Each Receipt this Period
 350.00
 Memo Item

C. MS ALICIA M OSE 546
 Full Name (Last, First, Middle Initial)
 Mailing Address N22052 PELLOWSKI RD
 City ARCADIA State WI Zip Code 54612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2016
Transaction ID : SA11AI.17961
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 139
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR DONALD M PETKUS 604
Full Name (Last, First, Middle Initial)
Mailing Address 12401 ARCHER AVE
City LEMONT State IL Zip Code 60439
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF EMPLOYED Occupation FUNERAL DIRECTOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2016
Transaction ID : SA11AI.18088
Amount of Each Receipt this Period 300.00
 Memo Item

B. MS JOAN H ROGERS 365
Full Name (Last, First, Middle Initial)
Mailing Address 109 CRESTVIEW CIR
City DAPHNE State AL Zip Code 36526
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 23 / 2016
Transaction ID : SA11AI.18388
Amount of Each Receipt this Period 100.00
 Memo Item

C. MR TIMOTHY G ROTHWELL 085
Full Name (Last, First, Middle Initial)
Mailing Address 207 SANDY RIDGE MOUNT AIRY RD
City STOCKTON State NJ Zip Code 08559
FEC ID number of contributing federal political committee. **C**
Name of Employer NONE Occupation RETIRED
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 19 / 2016
Transaction ID : SA11AI.12576
Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. CLAUDE C ROUSE 779
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX B
 City HALLETTSVILLE State TX Zip Code 77964
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2016
Transaction ID : SA11AI.12586
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. MR MICHAEL J SABELLA 183
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 E FOREST DR
 City SAYLORSBURG State PA Zip Code 18353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 19 / 2016
Transaction ID : SA11AI.12693
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. MR GEORGE SANDERS 750
 Full Name (Last, First, Middle Initial)
 Mailing Address 14131 MIDWAY RD
 City ADDISON State TX Zip Code 75001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : SA11AI.18516
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS BARBARA SMITH 532
 Full Name (Last, First, Middle Initial)
 Mailing Address 3222 E HAMPSHIRE ST
 City MILWAUKEE State WI Zip Code 53211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : SA11AI.18735
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. MR PETER SONTAG 337
 Full Name (Last, First, Middle Initial)
 Mailing Address 2399 HILLCREEK CIR E
 City CLEARWATER State FL Zip Code 33759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer REFUSED Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2016
Transaction ID : SA11AI.13416
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. MS JEANNE M SPAULDING 943
 Full Name (Last, First, Middle Initial)
 Mailing Address 541 E CRESCENT DR
 City PALO ALTO State CA Zip Code 94301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2016
Transaction ID : SA11AI.18783
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR DOUGLAS E SWANSON 995
 Full Name (Last, First, Middle Initial)
 Mailing Address 10271 HAMPTON DR
 City ANCHORAGE State AK Zip Code 99507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CONICAL PHILLIPS Occupation ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 10 / 2016
Transaction ID : SA11AI.13812
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. MR CLARENCE J TRUDEAU 129
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 NEWELL AVE
 City PLATTSBURGH State NY Zip Code 12901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2016
Transaction ID : SA11AI.19046
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. MR IRVING UPSHAW 750
 Full Name (Last, First, Middle Initial)
 Mailing Address 2751 N CYPRESS CIR
 City PLANO State TX Zip Code 75075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NONE Occupation RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2016
Transaction ID : SA11AI.14254
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MR GARRY VANDENBERG 230
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 51
 City State Zip Code
 FORK UNION VA 23055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : SA11AI.14278
 Amount of Each Receipt this Period
 350.00
 Memo Item

B. MR JAMES VAN EVERA 254
 Full Name (Last, First, Middle Initial)
 Mailing Address 7948 MARTINSBURG PIKE
 City State Zip Code
 SHEPHERDSTOWN WV 25443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 02 / 2016
Transaction ID : SA11AI.19111
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. MR HERSHEL WIGGINS 394
 Full Name (Last, First, Middle Initial)
 Mailing Address 76 Z R MITCHELL RD
 City State Zip Code
 POPLARVILLE MS 39470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 NONE RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 28 / 2016
Transaction ID : SA11AI.14804
 Amount of Each Receipt this Period
 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. MS NANCY A WILSON 080

Full Name (Last, First, Middle Initial)
Mailing Address 80 SEVENTH ST

City SALEM State NJ Zip Code 08079

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2016
Transaction ID : SA11AI.14886

Amount of Each Receipt this Period
 100.00

Memo Item

B. MS NANCY A WILSON 080

Full Name (Last, First, Middle Initial)
Mailing Address 80 SEVENTH ST

City SALEM State NJ Zip Code 08079

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 30 / 2016
Transaction ID : SA11AI.19374

Amount of Each Receipt this Period
 100.00

Memo Item

C. JAMES J WILSON 201

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 392

City MIDDLEBURG State VA Zip Code 20118

FEC ID number of contributing federal political committee. **C**

Name of Employer INTERSTATE GENERAL CO Occupation FOUNDER & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2016
Transaction ID : SA11AI.14888

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. Full Name (Last, First, Middle Initial)
ORVAN YODER 465

Mailing Address **PO BOX 144**

City **TOPEKA** State **IN** Zip Code **46571**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OK SAW AND TOOL INC** Occupation **BUSINESSMAN**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
03 / 14 / 2016

Transaction ID : SA11AI.19456

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	14875.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 139
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

A. Full Name (Last, First, Middle Initial)
INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DRIVE

City AKRON State OH Zip Code 44333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
917.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 08 / 2016

Transaction ID : SA17.20017

Amount of Each Receipt this Period
917.00

Memo Item
LIST RENTAL INCOME

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	917.00
TOTAL This Period (last page this line number only).....▶	917.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. ATLANTIC LIST COMPANY		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016
Mailing Address 2300 - 9TH STREET S SUITE 301		Transaction ID : SB21B.19838
City ARLINGTON	State VA Zip Code 22204	
Purpose of Disbursement PAC LIST RENTALS	Category/Type 003	Amount of Each Disbursement this Period 5846.00
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. BAKER HOSTETLER LLP		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address PO BOX 70189		Transaction ID : SB21B.19841
City CLEVELAND	State OH Zip Code 44190	
Purpose of Disbursement LEGAL SERVICES	Category/Type 001	Amount of Each Disbursement this Period 5000.00
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		Transaction ID : SB21B.15193
City AKRON	State OH Zip Code 44307	
Purpose of Disbursement BANK FEE	Category/Type 001	Amount of Each Disbursement this Period 751.89
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	11597.89
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
INTERCHANGE FEE

001

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : **SB21B.15195**

Amount of Each Disbursement this Period

2150.25

Memo Item

Full Name (Last, First, Middle Initial)

B. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
MERCHANT DISCOUNT FEE

001

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2016

Transaction ID : **SB21B.15197**

Amount of Each Disbursement this Period

50.02

Memo Item

Full Name (Last, First, Middle Initial)

C. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
AMEX DISCOUNT FEE

001

Candidate Name

TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2016

Transaction ID : **SB21B.15191**

Amount of Each Disbursement this Period

337.81

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2538.08

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		Transaction ID : SB21B.15199
City AKRON	State OH	
Purpose of Disbursement USA ePAY	Category/ Type 001	Amount of Each Disbursement this Period 20.00
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 01 / 15 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		Transaction ID : SB21B.15189
City AKRON	State OH	
Purpose of Disbursement ACCOUNT ANALYSIS CHARGE	Category/ Type 001	Amount of Each Disbursement this Period 496.38
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		Transaction ID : SB21B.15194
City AKRON	State OH	
Purpose of Disbursement BANK FEE	Category/ Type 001	Amount of Each Disbursement this Period 747.22
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	1263.60
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
INTERCHANGE FEE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	1	6		

Transaction ID : SB21B.15196

Amount of Each Disbursement this Period

1	4	6	2	.	4	5
---	---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
MERCHANT DISCOUNT FEE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	4			2	0	1	6		

Transaction ID : SB21B.15198

Amount of Each Disbursement this Period

3	4	.	4	2
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
AMEX DISCOUNT FEE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			0	5			2	0	1	6		

Transaction ID : SB21B.15192

Amount of Each Disbursement this Period

2	7	8	.	5	5
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Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1	7	7	.	5	2
---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

1	7	7	.	5	2
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		Transaction ID : SB21B.15200
City AKRON	State OH	
Purpose of Disbursement USA ePAY	Category/ Type 001	Amount of Each Disbursement this Period 20.00
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 12 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		Transaction ID : SB21B.15190
City AKRON	State OH	
Purpose of Disbursement ACCOUNT ANALYSIS CHARGE	Category/ Type 001	Amount of Each Disbursement this Period 389.56
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 02 / 22 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		Transaction ID : SB21B.15201
City AKRON	State OH	
Purpose of Disbursement USA ePAY	Category/ Type 001	Amount of Each Disbursement this Period 79.95
Candidate Name TEA PARTY MAJORITY FUND	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	489.51
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
BANK CHARGE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2016

Transaction ID : **SB21B.19858**

Amount of Each Disbursement this Period

144.03

Memo Item

Full Name (Last, First, Middle Initial)

B. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
BANK FEE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2016

Transaction ID : **SB21B.19822**

Amount of Each Disbursement this Period

679.04

Memo Item

Full Name (Last, First, Middle Initial)

C. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
INTERCHANGE FEE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2016

Transaction ID : **SB21B.19823**

Amount of Each Disbursement this Period

1664.44

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2487.51

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial) A. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 03 / 04 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		Transaction ID : SB21B.19824
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement MERCHANT DISCOUNT FEE	Amount of Each Disbursement this Period 39.22
Candidate Name TEA PARTY MAJORITY FUND	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		Transaction ID : SB21B.19821
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement AMEX DISCOUNT FEE	Amount of Each Disbursement this Period 246.52
Candidate Name TEA PARTY MAJORITY FUND	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FIRSTMERIT BANK		Date of Disbursement MM / DD / YYYY 03 / 07 / 2016
Mailing Address 295 FIRSTMERIT CIRCLE		Transaction ID : SB21B.19825
City AKRON	State OH	
Zip Code 44307	Purpose of Disbursement USA ePAY	Amount of Each Disbursement this Period 20.00
Candidate Name TEA PARTY MAJORITY FUND	Category/Type 001	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	305.74
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. FIRSTMERIT BANK

Mailing Address 295 FIRSTMERIT CIRCLE

City AKRON State OH Zip Code 44307

Purpose of Disbursement
ACCOUNT ANALYSIS CHARGE

001

Category/
Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 14 / 2016

Transaction ID : **SB21B.19820**

Amount of Each Disbursement this Period

421.06

Memo Item

Full Name (Last, First, Middle Initial)

B. IMAGINE IT DESIGN LLC

Mailing Address 100 TEAL LN #34

City LAFAYETTE State LA Zip Code 70507

Purpose of Disbursement
WEBSITE UPDATES & GRAPHIC DESIGN

001

Category/
Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : **SB21B.19839**

Amount of Each Disbursement this Period

1640.00

Memo Item

Full Name (Last, First, Middle Initial)

C. L2

Mailing Address 18912 NORTH CREEK PARKWAY
SUITE 201

City BOTHELL State WA Zip Code 98001

Purpose of Disbursement
eMAIL ADDRESSES & VOTER DATA

003

Category/
Type

Candidate Name

TEA PARTY MAJORITY FUND

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : **SB21B.20018**

Amount of Each Disbursement this Period

1614.62

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3675.68

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2016

Transaction ID : **SB21B.19826**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2016

Transaction ID : **SB21B.19827**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - DATA PROCESSING

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
02 / 14 / 2016

Transaction ID : **SB21B.19842**

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

8500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2016

Transaction ID : **SB21B.19828**

Amount of Each Disbursement this Period

3500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DRIVE
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - FUNDRAISING & COPYWRITING

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 31 / 2016

Transaction ID : **SB21B.19843**

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PARAMOUNT COMMUNICATION GROUP

Mailing Address 525 K EAST MARKET STREET #114

City LEESBURG State VA Zip Code 20176

Purpose of Disbursement
DIRECT RESPONSE FUNDRAISING

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : **SB21B.19844**

Amount of Each Disbursement this Period

4785.63

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

11285.63

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. POST HASTE MAILING

Mailing Address 90 RUSSELL STREET
SUITE 100

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
DIRECT RESPONSE FUNDRAISING

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : **SB21B.19845**

Amount of Each Disbursement this Period

1629.98

Memo Item

Full Name (Last, First, Middle Initial)

B. PRECISION DATA MANAGEMENT

Mailing Address 2000 EDMUND HALLEY DRIVE
SUITE 250

City RESTON State VA Zip Code 20191

Purpose of Disbursement
HTML SETUP & eMAIL DEPLOYMENT

003

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 10 / 2016

Transaction ID : **SB21B.19848**

Amount of Each Disbursement this Period

3914.65

Memo Item

Full Name (Last, First, Middle Initial)

C. STRATEGIC CAMPAIGN GROUP

Mailing Address 191 MAIN STREET
SUITE 310

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
CONSULTING - MANAGEMENT SERVICES

001

Candidate Name
TEA PARTY MAJORITY FUND

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2016

Transaction ID : **SB21B.19849**

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7044.63

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND

Full Name (Last, First, Middle Initial)

A. STRATEGIC CAMPAIGN GROUP

Mailing Address 191 MAIN STREET
SUITE 310

City ANNAPOLIS State MD Zip Code 21401

Purpose of Disbursement
CONSULTING - MANAGEMENT & FUNDRAISING SERVICES

Category/
Type

Candidate Name
TEA PARTY MAJORITY FUND

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.19850

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 6186.37
City State Zip Code AKRON OH 44333	Transaction ID : SE.4099 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
0.00	

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 899.24
City State Zip Code AKRON OH 44333	Transaction ID : SE.4103 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 8175.44
City State Zip Code AKRON OH 44333	Transaction ID : SE.4105 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 3749.10
City State Zip Code AKRON OH 44333	Transaction ID : SE.4106 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 47833.48
City State Zip Code AKRON OH 44333	Transaction ID : SE.4107 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 6541.69
City State Zip Code AKRON OH 44333	Transaction ID : SE.4109 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 4674.62
City State Zip Code AKRON OH 44333	Transaction ID : SE.4110 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CT
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1182.32
City State Zip Code AKRON OH 44333	Transaction ID : SE.4111 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: DE
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 25352.62
City State Zip Code AKRON OH 44333	Transaction ID : SE.4112 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 12329.25
City State Zip Code AKRON OH 44333	Transaction ID : SE.4113 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1801.26	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4114
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1947.12	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4115
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
16445.73
Transaction ID : SE.4116
Date of Disbursement or Obligation
01 / 12 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
8279.67
Transaction ID : SE.4117
Date of Disbursement or Obligation
01 / 12 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT OVER SEVERAL WEEKS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 3934.97
Transaction ID: SE.4118

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT OVER SEVERAL WEEKS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 3614.13
Transaction ID: SE.4119

(a) SUBTOTAL of Itemized Independent Expenditures: 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: SCOTT B MACKENZIE [Electronically Filed] Date: 04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT OVER SEVERAL WEEKS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 5635.67
Transaction ID: SE.4120

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT OVER SEVERAL WEEKS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 5817.85
Transaction ID: SE.4121

(a) SUBTOTAL of Itemized Independent Expenditures: 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: SCOTT B MACKENZIE
Date: 04 / 15 / 2016
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 8722.67	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4124
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 12758.48	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4125
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 6845.70
City State Zip Code AKRON OH 44333	Transaction ID : SE.4126 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 3750.39
City State Zip Code AKRON OH 44333	Transaction ID : SE.4127 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
Signature [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
0.00
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
7739.82
Transaction ID : SE.4128
Date of Disbursement or Obligation
01 / 12 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
0.00
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
1305.82
Transaction ID : SE.4129
Date of Disbursement or Obligation
01 / 12 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
2327.00
Transaction ID : SE.4130
Date of Disbursement or Obligation
01 / 12 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
3466.41
Transaction ID : SE.4131
Date of Disbursement or Obligation
01 / 12 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT OVER SEVERAL WEEKS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 1747.40
Transaction ID: SE.4132

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT OVER SEVERAL WEEKS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 11408.59
Transaction ID: SE.4133

(a) SUBTOTAL of Itemized Independent Expenditures: 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: SCOTT B MACKENZIE
Date: 04 / 15 / 2016
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT OVER SEVERAL WEEKS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 2630.35
Transaction ID: SE.4134

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT OVER SEVERAL WEEKS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 25547.99
Transaction ID: SE.4135

(a) SUBTOTAL of Itemized Independent Expenditures: 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: SCOTT B MACKENZIE
Date: 04 / 15 / 2016
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 12402.39
City State Zip Code AKRON OH 44333	Transaction ID : SE.4136 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 896.71
City State Zip Code AKRON OH 44333	Transaction ID : SE.4137 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 14898.50	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4138
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 4805.82	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.4139
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 5062.90
City State Zip Code AKRON OH 44333	Transaction ID : SE.4140 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 16800.18
City State Zip Code AKRON OH 44333	Transaction ID : SE.4141 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
0.00

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
0.00

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
0.00
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
1045.08
Transaction ID : SE.4144
Date of Disbursement or Obligation
01 / 12 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
0.00
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
8266.04
Transaction ID : SE.4145
Date of Disbursement or Obligation
01 / 12 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
0.00
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
31497.31
Transaction ID : SE.4146
Date of Disbursement or Obligation
01 / 12 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT OVER SEVERAL WEEKS
Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
0.00
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
3260.01
Transaction ID : SE.4147
Date of Disbursement or Obligation
01 / 12 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 842.24
City State Zip Code AKRON OH 44333	Transaction ID : SE.4148 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
0.00	

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 10507.65
City State Zip Code AKRON OH 44333	Transaction ID : SE.4149 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
0.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 8833.35
City State Zip Code AKRON OH 44333	Transaction ID : SE.4150 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2475.11
City State Zip Code AKRON OH 44333	Transaction ID : SE.4151 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 7381.31
City State Zip Code AKRON OH 44333	Transaction ID : SE.4152 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
0.00	

Full Name of Payee INFOCISION MANAGEMENT CORP <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 729.15
City State Zip Code AKRON OH 44333	Transaction ID : SE.4153 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Purpose of Expenditure VOTER CONTACT OVER SEVERAL WEEKS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
0.00	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON, State: OH, Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT OVER SEVERAL WEEKS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 862.86
Transaction ID: SE.4154

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON, State: OH, Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT CALLS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 2112.53
Transaction ID: SE.20019

(a) SUBTOTAL of Itemized Independent Expenditures: 2112.53
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date: 04/15/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
307.07
Transaction ID : SE.20020
Date of Disbursement or Obligation
01 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
2791.76
Transaction ID : SE.20021
Date of Disbursement or Obligation
01 / 29 / 2016

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 3098.83. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: SCOTT B MACKENZIE [Electronically Filed] Date: 04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1280.25
City State Zip Code AKRON OH 44333	Transaction ID : SE.20022 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 1280.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 16334.23
City State Zip Code AKRON OH 44333	Transaction ID : SE.20023 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 16334.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17614.48
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
2233.86
Transaction ID : SE.20024
Date of Disbursement or Obligation
01 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
1596.29
Transaction ID : SE.20025
Date of Disbursement or Obligation
01 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 3830.15
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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SCOTT B MACKENZIE
[Electronically Filed]
Date
04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
403.74
Transaction ID : SE.20026
Date of Disbursement or Obligation
01 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
8657.44
Transaction ID : SE.20027
Date of Disbursement or Obligation
01 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 9061.18
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

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SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 4210.20	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20028
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 4210.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 615.09	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20029
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought 615.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4825.29
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 664.90
City State Zip Code AKRON OH 44333	Transaction ID : SE.20030 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 664.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 5615.90
City State Zip Code AKRON OH 44333	Transaction ID : SE.20031 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 5615.90	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6280.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 2827.35	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20032
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		2827.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1343.72	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20033
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		1343.72	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4171.07
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1234.16	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20034
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		1234.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1924.47	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20035
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		1924.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3158.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1986.68
City State Zip Code AKRON OH 44333	Transaction ID : SE.20036 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 1986.68	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 608.64
City State Zip Code AKRON OH 44333	Transaction ID : SE.20037 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 608.64	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2595.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2575.81
City State Zip Code AKRON OH 44333	Transaction ID : SE.20038 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD
Calendar Year-To-Date Per Election for Office Sought 2575.81	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2978.62
City State Zip Code AKRON OH 44333	Transaction ID : SE.20039 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 2978.62	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5554.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT CALLS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 4356.78
Transaction ID: SE.20040
Date of Disbursement or Obligation: 01/29/2016

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT CALLS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 2337.68
Transaction ID: SE.20041
Date of Disbursement or Obligation: 01/29/2016

(a) SUBTOTAL of Itemized Independent Expenditures: 6694.46
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: SCOTT B MACKENZIE [Electronically Filed] Date: 04/15/2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1280.69
City State Zip Code AKRON OH 44333	Transaction ID : SE.20042 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 1280.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2643.00
City State Zip Code AKRON OH 44333	Transaction ID : SE.20043 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 2643.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3923.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 445.91
City State Zip Code AKRON OH 44333	Transaction ID : SE.20044 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 445.91	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 794.63
City State Zip Code AKRON OH 44333	Transaction ID : SE.20045 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 794.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1240.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1183.71
City State Zip Code AKRON OH 44333	Transaction ID : SE.20046 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 1183.71	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 596.71
City State Zip Code AKRON OH 44333	Transaction ID : SE.20047 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 596.71	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1780.42
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 3895.82	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20048
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought		3895.82	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 898.21	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20049
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>
Calendar Year-To-Date Per Election for Office Sought		898.21	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4794.03
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
8724.15
Transaction ID : SE.20050
Date of Disbursement or Obligation
01 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
4235.18
Transaction ID : SE.20051
Date of Disbursement or Obligation
01 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 12959.33
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 306.21	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20052
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought 306.21		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 5087.56	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20053
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 01 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 5087.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5393.77
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
1641.10
Transaction ID : SE.20054
Date of Disbursement or Obligation
01 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
1728.88
Transaction ID : SE.20055
Date of Disbursement or Obligation
01 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 3369.98
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
5736.94
Transaction ID : SE.20056
Date of Disbursement or Obligation
01 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
478.05
Transaction ID : SE.20057
Date of Disbursement or Obligation
01 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 6214.99
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
[Electronically Filed]
Date
04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2068.32
City AKRON State OH Zip Code 44333	Transaction ID : SE.20058 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 2068.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 356.87
City AKRON State OH Zip Code 44333	Transaction ID : SE.20059 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 356.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2425.19
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
2822.69
Transaction ID : SE.20060
Date of Disbursement or Obligation
01 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
10755.73
Transaction ID : SE.20061
Date of Disbursement or Obligation
01 / 29 / 2016

Table with 2 columns: Description and Amount. Row (a) SUBTOTAL of Itemized Independent Expenditures: 13578.42. Row (b) SUBTOTAL of Unitemized Independent Expenditures. Row (c) TOTAL Independent Expenditures.

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: SCOTT B MACKENZIE [Electronically Filed] Date: 04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1113.23	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20062
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought 1113.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 287.61	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20063
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT	
Calendar Year-To-Date Per Election for Office Sought 287.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1400.84
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ Date M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 3588.16
City State Zip Code AKRON OH 44333	Transaction ID : SE.20064 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 3588.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 3016.42
City State Zip Code AKRON OH 44333	Transaction ID : SE.20065 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought 3016.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6604.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 845.20
City State Zip Code AKRON OH 44333	Transaction ID : SE.20066 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 845.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2520.58
City State Zip Code AKRON OH 44333	Transaction ID : SE.20067 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 2520.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3365.78
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 248.99
City State Zip Code AKRON OH 44333	Transaction ID : SE.20068 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 248.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 294.65
City State Zip Code AKRON OH 44333	Transaction ID : SE.20069 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC
Calendar Year-To-Date Per Election for Office Sought 294.65	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	543.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1763.51
City State Zip Code AKRON OH 44333	Transaction ID : SE.20070 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 3876.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 256.34
City State Zip Code AKRON OH 44333	Transaction ID : SE.20071 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 563.41	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2019.85
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 2330.52	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20072
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought 5122.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1068.73	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20073
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought 2348.98		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3399.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT CALLS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 13635.59
Transaction ID: SE.20074

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT CALLS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 1864.80
Transaction ID: SE.20075

(a) SUBTOTAL of Itemized Independent Expenditures: 15500.39
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: SCOTT B MACKENZIE
[Electronically Filed]
Date: 04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00566174 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1332.56	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20076
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>	
Calendar Year-To-Date Per Election for Office Sought 2928.85		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 337.04	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20077
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u>	
Calendar Year-To-Date Per Election for Office Sought 740.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1669.60
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **04 / 15 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00566174	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 7227.11	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20078
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought 15884.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 3514.62	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20079
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>00</u> State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought 7724.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	10741.73
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	[Empty Box]
(c) TOTAL Independent Expenditures.....▶	[Empty Box]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
1128.66
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
513.57
Transaction ID : SE.20080
Date of Disbursement or Obligation
02 / 23 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
1219.95
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
555.05
Transaction ID : SE.20081
Date of Disbursement or Obligation
02 / 23 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 1068.62
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
10303.98
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
4688.08
Transaction ID : SE.20082
Date of Disbursement or Obligation
02 / 23 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
5187.58
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
2360.23
Transaction ID : SE.20083
Date of Disbursement or Obligation
02 / 23 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 7048.31
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1121.72
City State Zip Code AKRON OH 44333	Transaction ID : SE.20084 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 2465.44	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1030.26
City State Zip Code AKRON OH 44333	Transaction ID : SE.20085 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 2264.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2151.98
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1606.52
City State Zip Code AKRON OH 44333	Transaction ID : SE.20086 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: KY
Calendar Year-To-Date Per Election for Office Sought 3530.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1658.46
City State Zip Code AKRON OH 44333	Transaction ID : SE.20087 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: LA
Calendar Year-To-Date Per Election for Office Sought 3645.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3264.98
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
1116.72
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
508.08
Transaction ID : SE.20088
Date of Disbursement or Obligation
02 / 23 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
4726.06
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
2150.25
Transaction ID : SE.20089
Date of Disbursement or Obligation
02 / 23 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 2658.33
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00566174 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 2486.51	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20090
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MA</u>
Calendar Year-To-Date Per Election for Office Sought		5465.13	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 3636.98	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20091
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		7993.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6123.49
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **04 / 15 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1951.46
City State Zip Code AKRON OH 44333	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 4289.14	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1069.10
City State Zip Code AKRON OH 44333	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 2349.79	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3020.56
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M M / D D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 2206.34	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20094
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>
Calendar Year-To-Date Per Election for Office Sought 4849.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item INFOCISION MANAGEMENT CORP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 372.24	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20095
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought 818.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2578.58
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 663.34
City State Zip Code AKRON OH 44333	Transaction ID : SE.20096 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NE
Calendar Year-To-Date Per Election for Office Sought 1457.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 988.15
City State Zip Code AKRON OH 44333	Transaction ID : SE.20097 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV
Calendar Year-To-Date Per Election for Office Sought 2171.86	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1651.49
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 498.12
City State Zip Code AKRON OH 44333	Transaction ID : SE.20098 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
1094.83	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 3252.17
City State Zip Code AKRON OH 44333	Transaction ID : SE.20099 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NJ
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
7147.99	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3750.29
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
1648.03
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
749.82
Transaction ID : SE.20100
Date of Disbursement or Obligation
02 / 23 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
16006.95
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
7282.80
Transaction ID : SE.20101
Date of Disbursement or Obligation
02 / 23 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures 8032.62
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 3535.47	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20102
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 7770.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 255.62	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20103
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ND</u>
Calendar Year-To-Date Per Election for Office Sought 561.83		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3791.09
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
9334.58
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
4247.02
Transaction ID : SE.20104
Date of Disbursement or Obligation
02 / 23 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
3011.06
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
1369.96
Transaction ID : SE.20105
Date of Disbursement or Obligation
02 / 23 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 5616.98
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date
04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1443.25
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Transaction ID : SE.20106 Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 3172.13		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE		Amount 4789.12
City AKRON	State OH	Zip Code 44333
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Transaction ID : SE.20107 Date of Disbursement or Obligation MM / DD / YYYY 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 10526.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6232.37
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **04 / 15 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 399.07
City State Zip Code AKRON OH 44333	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
877.12	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1726.60
City State Zip Code AKRON OH 44333	
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
3794.92	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2125.67
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 297.91
City State Zip Code AKRON OH 44333	Transaction ID : SE.20110 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: SD
Calendar Year-To-Date Per Election for Office Sought 654.78	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2356.35
City State Zip Code AKRON OH 44333	Transaction ID : SE.20111 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: TN
Calendar Year-To-Date Per Election for Office Sought 5179.04	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2654.26
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 999999.99 8978.74
City State Zip Code AKRON OH 44333	Transaction ID : SE.20112 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 999999.99 19734.47	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 999999.99 929.31
City State Zip Code AKRON OH 44333	Transaction ID : SE.20114 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 999999.99 2042.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	999999.99 9908.05
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	999999.99
(c) TOTAL Independent Expenditures..... ▶	999999.99

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed]

Signature _____ Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 240.09	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20115
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>	
Calendar Year-To-Date Per Election for Office Sought 527.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 2995.35	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20116
Purpose of Expenditure VOTER CONTACT CALLS	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought 6583.51		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3235.44
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2518.06
City State Zip Code AKRON OH 44333	Transaction ID : SE.20117 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: WA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
5534.48	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 705.56
City State Zip Code AKRON OH 44333	Transaction ID : SE.20118 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: WV
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
1550.76	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3223.62
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2104.14
City State Zip Code AKRON OH 44333	Transaction ID : SE.20119 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 4624.72	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 207.85
City State Zip Code AKRON OH 44333	Transaction ID : SE.20120 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 02 / 23 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 456.84	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2311.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE		Amount 246.00
City AKRON State OH Zip Code 44333	Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Transaction ID : SE.20121 Date of Disbursement or Obligation <input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 02 / 23 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 540.65		

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1587.66
City AKRON State OH Zip Code 44333	Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Transaction ID : SE.20122 Date of Disbursement or Obligation <input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 03 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought 5463.70		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1833.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
794.19
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
230.78
Transaction ID : SE.20123
Date of Disbursement or Obligation
03 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
7220.41
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
2098.13
Transaction ID : SE.20124
Date of Disbursement or Obligation
03 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 2328.91
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT CALLS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 962.16
Transaction ID: SE.20125
Date of Disbursement or Obligation: 03/29/2016

Full Name of Payee: INFOCISION MANAGEMENT CORP
Mailing Address: 325 SPRINGSIDE DRIVE
City: AKRON State: OH Zip Code: 44333
Purpose of Expenditure: VOTER CONTACT CALLS
Category/Type: 004
Name of Federal Candidate: HILLARY RODHAM CLINTON
Office Sought: President
Disbursement For: General
Amount: 12275.80
Transaction ID: SE.20126
Date of Disbursement or Obligation: 03/29/2016

(a) SUBTOTAL of Itemized Independent Expenditures: 13237.96
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: SCOTT B MACKENZIE
Date: 04/15/2016
[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
1678.85
Transaction ID : SE.20127
Date of Disbursement or Obligation
03 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
1199.69
Transaction ID : SE.20128
Date of Disbursement or Obligation
03 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 2878.54
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE
[Electronically Filed]
Date
04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
1044.21
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
303.43
Transaction ID : SE.20129
Date of Disbursement or Obligation
03 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
22391.01
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
6506.46
Transaction ID : SE.20130
Date of Disbursement or Obligation
03 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 6809.89
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 3164.16
City State Zip Code AKRON OH 44333	Transaction ID : SE.20131 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 10888.98	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 462.27
City State Zip Code AKRON OH 44333	Transaction ID : SE.20132 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought 1590.93	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3626.43
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 04 / 15 / 2016

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ C C00566174	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 499.71	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20133
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>
Calendar Year-To-Date Per Election for Office Sought 1719.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 4220.61	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20134
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought 14524.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4720.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **04 / 15 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
2124.88
Transaction ID : SE.20135
Date of Disbursement or Obligation
03 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
1009.86
Transaction ID : SE.20136
Date of Disbursement or Obligation
03 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 3134.74
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE		Amount 927.53
City AKRON State OH Zip Code 44333	Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Transaction ID : SE.20137 Date of Disbursement or Obligation <input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 03 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS	Calendar Year-To-Date Per Election for Office Sought 3191.95
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE		Amount 1446.33
City AKRON State OH Zip Code 44333	Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Transaction ID : SE.20138 Date of Disbursement or Obligation <input type="checkbox"/> M M M / <input type="checkbox"/> D D D / <input type="checkbox"/> Y Y Y Y Y Y 03 / 29 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY	Calendar Year-To-Date Per Election for Office Sought 4977.32
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2373.86
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1493.08
City State Zip Code AKRON OH 44333	Transaction ID : SE.20139 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 5138.22	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 457.42
City State Zip Code AKRON OH 44333	Transaction ID : SE.20140 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought 1574.14	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1950.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1935.83
City State Zip Code AKRON OH 44333	Transaction ID : SE.20141 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MD
Calendar Year-To-Date Per Election for Office Sought 6661.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2238.57
City State Zip Code AKRON OH 44333	Transaction ID : SE.20142 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: MA
Calendar Year-To-Date Per Election for Office Sought 7703.70	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4174.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 3274.32
City State Zip Code AKRON OH 44333	Transaction ID : SE.20143 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 11268.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1756.87
City State Zip Code AKRON OH 44333	Transaction ID : SE.20144 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 6046.01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5031.19
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 962.49
City State Zip Code AKRON OH 44333	Transaction ID : SE.20145 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought 3312.28	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1986.33
City State Zip Code AKRON OH 44333	Transaction ID : SE.20146 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought 6835.67	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2948.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 335.12
City State Zip Code AKRON OH 44333	Transaction ID : SE.20147 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 1153.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 597.20
City State Zip Code AKRON OH 44333	Transaction ID : SE.20148 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 2055.17	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	932.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
3061.47
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
889.61
Transaction ID : SE.20149
Date of Disbursement or Obligation
03 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Calendar Year-To-Date
Per Election for Office Sought
1543.28
Date of Public Distribution/Dissemination
01 / 12 / 2016
Amount
448.45
Transaction ID : SE.20150
Date of Disbursement or Obligation
03 / 29 / 2016

(a) SUBTOTAL of Itemized Independent Expenditures..... 1338.06
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures.....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
SCOTT B MACKENZIE
[Electronically Filed]
Date 04 / 15 / 2016
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2927.88
City State Zip Code AKRON OH 44333	Transaction ID : SE.20151 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 10075.87	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 675.05
City State Zip Code AKRON OH 44333	Transaction ID : SE.20152 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM
Calendar Year-To-Date Per Election for Office Sought 2323.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3602.93
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 6556.60
City State Zip Code AKRON OH 44333	Transaction ID : SE.20153 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 22563.55	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 3182.93
City State Zip Code AKRON OH 44333	Transaction ID : SE.20154 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 10953.58	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	9739.53
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 230.13
City State Zip Code AKRON OH 44333	Transaction ID : SE.20155 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
Calendar Year-To-Date Per Election for Office Sought 791.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 3823.53
City State Zip Code AKRON OH 44333	Transaction ID : SE.20156 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 13158.11	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4053.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1233.36
City State Zip Code AKRON OH 44333	Transaction ID : SE.20157 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: OK
Calendar Year-To-Date Per Election for Office Sought 4244.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1299.33
City State Zip Code AKRON OH 44333	Transaction ID : SE.20158 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: OR
Calendar Year-To-Date Per Election for Office Sought 4471.46	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2532.69
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 4311.57
City State Zip Code AKRON OH 44333	Transaction ID : SE.20159 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 14837.63	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 359.28
City State Zip Code AKRON OH 44333	Transaction ID : SE.20160 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought 1236.40	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4670.85
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1554.43
City State Zip Code AKRON OH 44333	Transaction ID : SE.20161 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 5349.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 268.21
City State Zip Code AKRON OH 44333	Transaction ID : SE.20162 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD
Calendar Year-To-Date Per Election for Office Sought 922.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1822.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 2121.38
City State Zip Code AKRON OH 44333	Transaction ID : SE.20163 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: TN
Calendar Year-To-Date Per Election for Office Sought 7300.42	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 8083.42
City State Zip Code AKRON OH 44333	Transaction ID : SE.20164 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: TX
Calendar Year-To-Date Per Election for Office Sought 27817.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10204.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 836.64
City State Zip Code AKRON OH 44333	Transaction ID : SE.20165 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought 2879.18	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 216.15
City State Zip Code AKRON OH 44333	Transaction ID : SE.20166 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT
Calendar Year-To-Date Per Election for Office Sought 743.85	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1052.79
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00566174 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 2696.67	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20167
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 29 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 9280.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 12 / 2016	
Mailing Address 325 SPRINGSIDE DRIVE		Amount 2266.98	
City AKRON	State OH	Zip Code 44333	Transaction ID : SE.20168
Purpose of Expenditure VOTER CONTACT CALLS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 29 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought 7801.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4963.65
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

Signature _____ [Electronically Filed] Date **04 / 15 / 2016**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TEA PARTY MAJORITY FUND	FEC IDENTIFICATION NUMBER ▼ C C00566174
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Check if 24-hour report 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 635.21
City State Zip Code AKRON OH 44333	Transaction ID : SE.20169 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought 2185.97	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee INFOCISION MANAGEMENT CORP <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 12 / 2016
Mailing Address 325 SPRINGSIDE DRIVE	Amount 1894.33
City State Zip Code AKRON OH 44333	Transaction ID : SE.20170 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 29 / 2016
Purpose of Expenditure VOTER CONTACT CALLS Category/Type 004	Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 6519.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2529.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
04 / 15 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
TEA PARTY MAJORITY FUND
FEC IDENTIFICATION NUMBER
C C00566174
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
187.13
Transaction ID : SE.20171
Date of Disbursement or Obligation
03 / 29 / 2016

Full Name of Payee
INFOCISION MANAGEMENT CORP
Mailing Address
325 SPRINGSIDE DRIVE
City
AKRON State
OH Zip Code
44333
Purpose of Expenditure
VOTER CONTACT CALLS Category/Type
004
Name of Federal Candidate
HILLARY RODHAM CLINTON
Office Sought:
President
Disbursement For:
General
Amount
221.44
Transaction ID : SE.20172
Date of Disbursement or Obligation
03 / 29 / 2016

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 408.57
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 353273.16

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature SCOTT B MACKENZIE [Electronically Filed] Date 04 / 15 / 2016